

IN THE MATTER OF

☐ Amended\_\_\_\_\_  
Name of Ward**Report and  
Recommendation of  
Guardian ad Litem  
(Annual Review of Protective  
Placement)**\_\_\_\_\_  
Date of Birth

Case No. \_\_\_\_\_

I am the court appointed guardian ad litem for the above-named individual. I certify to the court that I have complied with the requirements of a guardian ad litem under §55.18 (2) (a) to (e), Wisconsin Statutes **(except as noted in the "Additional Comments" section at the end of this report)** and this report is being filed within 30 days of my appointment.

1. I have reviewed the county department's annual report of the review of the status of the individual, the Annual Report on the Condition of the Ward, and any other relevant reports on the individual's condition and placement.
2. I have personally met with the individual and contacted the individual's guardian.
3. I have orally explained to the individual and to the individual's guardian, and provided to the individual and the individual's guardian in writing, all of the following:
  - A. The procedure for review of protective placement.
  - B. The right of the individual to counsel, including when a lawyer can be appointed.
  - C. The right to an independent medical or psychological examination on the issue of competency (at county expense if the person is indigent).
  - D. The contents of the county department's annual report of the review of the status of the individual.
  - E. That a change in or termination of protective placement may be ordered by the court.
  - F. The right to a hearing and an explanation that the individual or the individual's guardian may request a full due process hearing.
4. I have reviewed the individual's condition, placement, and rights with the individual's guardian, and I have ascertained whether the individual wishes to exercise any of the individual's rights. Based on these reviews, I make the following report:
  - A. Individual's current living arrangement is: ☐ a nursing home. ☐ an intermediate facility.  
☐ a center for developmentally disabled. ☐ a CBRF. ☐ an adult family home.  
☐ Other: \_\_\_\_\_ Name of Facility: \_\_\_\_\_  
 Is the home or facility licensed for 16 beds or greater? ☐ No ☐ Yes
  - B. The individual appears to continue to meet all the standards for protective placement.  
☐ Yes ☐ No, please explain: \_\_\_\_\_
  - C. The current protective placement is the least restrictive environment that is consistent with the individual's needs.  
☐ Yes ☐ No, please explain: \_\_\_\_\_
  - D. The individual has a developmental disability and placement is in a nursing home or intermediate facility, and the placement is the most integrated setting appropriate to the individual's needs. ☐ Not Applicable  
☐ Yes ☐ No, please explain: \_\_\_\_\_
  - E. An independent evaluation is requested by the individual, the individual's guardian ad litem or guardian.  
☐ No ☐ Yes, please explain: \_\_\_\_\_
  - F. The individual or the individual's guardian requests modification or termination of the protective placement.  
☐ No ☐ Yes, please explain: \_\_\_\_\_
  - G. The individual or the individual's guardian requests or the guardian ad litem recommends that legal counsel be appointed for the individual.  
☐ No ☐ Yes, please explain: \_\_\_\_\_
  - H. The individual or the individual's guardian or the guardian ad litem requests a full due process hearing for the individual.  
☐ No ☐ Yes, please explain: \_\_\_\_\_

5. I recommend continued protective placement in the facility in which the individual resides at this time.

☐ Yes ☐ No, please explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

6. Additional comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Signature of Guardian ad Litem

\_\_\_\_\_  
Name Printed or Typed

\_\_\_\_\_  
Date